



GUAM ELECTION COMMISSION

Kumision Ileksion Guåhan

P.O. Box BG • Hagåtña, Guam 96932
Tel: (671) 477-9791/3 • Fax: (671) 477-1895



VOTER REGISTRAR APPLICATION

QUALIFICATIONS:

1. Must be a registered voter of Guam;
2. Must not be holding an elective office;
3. Must not be a candidate for office;
4. Must not be an immediate relative of an elected official or candidate.
Immediate relative means: mother, father, son, daughter, wife, husband and in-law;
5. Must be able to follow instructions;
6. Must be able to attend an instructional seminar;
7. Must be able to pass a standardized examination of the elections laws; and
8. Must not be a Director or Deputy Director of the Executive Branch, Administrative Director or Assistant Administrative Director of the Legislative or Judicial Branch.

**NOTE: IF YOU DO NOT MEET THE QUALIFICATIONS LISTED ABOVE,
THEN YOU SHOULD NOT FILL OUT THIS FORM.**

NAME: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SS#: _____

PHONE: HOME: _____ WORK: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S MAILING ADDRESS: _____

- 1) Party Affiliation _____
- 2) District in which registered to vote _____
- 3) State position and year of work experience with the Guam Election Commission.

SIGNATURE

DATE